

Montana Medicaid - Fee Schedule Mental Health Case Management

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
Z0660		CARE COORDINATION CASE MGMT. -- ADULT INDIVIDUAL 15 MIN	7/1/1999	FEE SCHED	\$8.50	
Z0661		CARE COORDINATION CASE MGMT. -- ADULT GROUP 15 MIN.	7/1/1999	FEE SCHED	\$2.50	
Z0662		CARE COORDINATION CASE MGMT. -- YOUTH INDIVIDUAL 15 MIN	7/1/1999	FEE SCHED	\$8.50	
Z0663		CARE COORDINATION CASE MGMT. -- YOUTH GROUP 15 MIN.	7/1/1999	FEE SCHED	\$2.50	
Z0664		INTENSIVE CASE MANAGEMENT -- ADULT FULL MONTH	7/1/1999	FEE SCHED	\$224.00	
Z0665		INTENSIVE CASE MANAGEMENT -- ADULT HALF MONTH	7/1/1999	FEE SCHED	\$112.00	
Z0666		INTENSIVE CASE MANAGEMENT -- YOUTH FULL MONTH	7/1/1999	FEE SCHED	\$246.00	
Z0667		INTENSIVE CASE MANAGEMENT -- YOUTH HALF MONTH	7/1/1999	FEE SCHED	\$123.00	